

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

0028453 AV

DOCUMENT # P00000086870

1. Entity Name  
JACKSONVILLE LAW & TITLE, INC.



03 MAY -5 AM 8:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
4540 SOUTHSIDE BOULEVARD  
SUITE 401  
JACKSONVILLE FL 32216

Mailing Address  
4540 SOUTHSIDE BOULEVARD  
SUITE 401  
JACKSONVILLE FL 32216



2. Principal Place of Business

8596 ARLINGTON EXPRESSWAY

3. Mailing Address

8596 ARLINGTON EXPRESSWAY

Suite, Apt. #, etc.

SUITE 4

Suite, Apt. #, etc.

SUITE 4

City & State

JACKSONVILLE FL

City & State

JACKSONVILLE FL

Zip

32211

Country

Zip

32211

Country

4. FEI Number

59-3690335

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

COLEMAN, STEPHEN P ESQ  
4540 SOUTHSIDE BOULEVARD  
JACKSONVILLE FL 32216

7. Name and Address of New Registered Agent

Name

COLEMAN STEPHEN P

Street Address (P.O. Box Number is Not Acceptable)

8596 ARLINGTON EXPRESSWAY

SUITE 4

City

JACKSONVILLE FL

FL

Zip Code

32211

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/25/03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution.

☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P  
NAME COLEMAN, STEPHEN P ESQ  
STREET ADDRESS 4540 SOUTHSIDE BOULEVARD  
CITY-ST-ZIP JACKSONVILLE FL 32216

TITLE D  
NAME COLEMAN, STEPHEN P ESQ  
STREET ADDRESS 4540 SOUTHSIDE BOULEVARD  
CITY-ST-ZIP JACKSONVILLE FL 32216

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP  
NAME COLEMAN STEPHEN P  
STREET ADDRESS 8596 ARLINGTON EXPRESSWAY SUITE 4  
CITY-ST-ZIP JACKSONVILLE FL 32211

TITLE DST  
NAME COLEMAN ZULEMA  
STREET ADDRESS 8596 ARLINGTON EXPRESSWAY SUITE 4  
CITY-ST-ZIP JACKSONVILLE FL 32211

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/03

Date

(504) 536-7057

Daytime Phone #

CR2E034 (10/02)